Standard Form 50 Rev. 7/91 U.S. Office of Personnel Management

NOTIFICATION OF PERSONNEL ACTION

PM Supp. 296–33, Su	ibch. 4					1000 10 10 10 10 10							
1. Name (Last, First, Middle)					2. Social Security Number			3. Date of Birth 4. Effective Date					
ABROKWA, ALICE YAA EIDET ACTION					(b)(6) (b)(6) SECOND ACTION					05/24/2021			
TIRST ACTI	5-B. Nature of Action				6-A. Co		-	ture of Action					
5-A. Code 170	EXC APPT	0-A. Co	ie e	-Б. Na	ture of Action								
5-C. Code	5-D. Legal Authority				6-C. Co	de	6-D. Legal Authority						
Y7M 5-E. Code	SCH C, 213.3317 5-F. Legal Authority					6-E. Code 6-F. Legal Authori				tv			
J. F. Logal Audiony						a state of the sta							
. FROM: Position	Title and Number					Position Title an OR COUNSE		ber					
B. Pay Plan 9. Occ. Code 10. Grade or Level 11. Step or Rate 12. Total Salary 13. Pay Basis					EC GS60864								
					GS	0905			01 \$144128.00 PA				
A. Basic Pay	12B. Locality Adj.	12C. Adj. Bas	ic Pay	12D. Other Pay	20A. Basic \$1104	: Pay 460.00		3. Locality Adj. 333668.00		j. Basic Pay 1128.00	20D. Other 1 \$0.00	Pay	
						OFFICE FOR	CIVII	RIGHTS					
MPLOYEE													
					24. Tenu 3	0 - None 2 - Conditional				26. Veterans Preference for RIF YES X NO			
27. FEGLI						itant Indicator				29. Pay Rate Determinant			
C0 BASIC ONLY 30. Retirement Plan 31. Service Comp. Date (Leave)						9 NOT APPLICABLE 0 32. Work Schedule 33. Part-Time Hours Per							
KF FERS-FRAE & FICA			05/24/2021		F	FULL-TIME				Biweekly		ei.	
OSITION E			02.24232		•	- Cas Initi					Pay Period		
34. Position Occupied 35. FLSA Category						opriation Code				37. Barga	ining Unit Sta	tus	
2 1 - Competitive Service 3 - SES General 2 - Excepted Service 4 - SES Career Reserved				- Exempt - Nonexempt					8888				
3. Duty Station C 1-0010-001	ode			ation (City – County GTON,DISTRICT			ion)						
0. Agency Data UNC CLS 00	41. VET STAT X	42. EDU	JC LVL 15	43. SUPV ST	TAT 8	44. POSIT	ION S	ENSITIVIT	Y HIGH F	RISK			
CREDITABLE PREVIOUS R FROZEN SER EMPLOYEE I WITHIN 60 FEDERAL EM HAVE BEEN OPTIONAL I CONTRIBUTI BASIC PAY OPM FORM 1	IT AFFIDAVIT IN MILITARY SET I	RVICE: NO VERAGE: F LLY COVEF YOU ARE IERM CARE BASIC LIE E. YOU N YOU ARE IOD. 13/21.	ONE PREVIOUS RED UNDE ELIGIBI INSURA E INSUR AY WAIV AUTOMAT	LY COVERED R FERS, FERS E TO ENROLL NCE PROGRAM ANCE COVERA E YOUR COVE ICALLY ENRO	IN A USING GE. W RAGE A	FEDERAL H AN ABBRE ITHIN 60 T ANY TIM	HEALT VIAT DAYS	TH BENEFT TED UNDER OF HIRE UNLESS Y	RWRITIN YOU A	G APPLI RE ELIC E YOUR	ICATION. GIBLE TO OWN TSP	YOU ELECT	
46. Employing Department or Agency ED - OFC FOR CIVIL RIGHTS 47. Agency Code 48. Personnel Office ID 49. Approval Date					210941	nature/Authentic 1374 / ELECT ONIA HARRIS	RONI			ficial			
EDEC	1306		21	CHIEF HUMAN CAPITAL OFFICER									